

Statement
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Committee on Energy & Commerce

Re: Health Care Reform

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Good morning Mr. Chairman and members of the committee. My name is Todd Williamson and I want to thank you for the opportunity to speak today on an issue that is vitally important to our profession and our patients. I am particularly pleased that you have included an actively practicing physician on this panel.

I am a medical doctor, board certified in neurology, and practice in Lawrenceville, Georgia. I also have the privilege of serving as the president of the Medical Association of Georgia, and am testifying on behalf of four state medical societies representing more than 20,000 thousand physicians.

Medical care in America became the best in the world because of the patient-physician relationship and the right of a patient to select his or her own physician. Patients were able to privately contract with the physician of their choice. Decisions regarding care, and the cost of care, were made as part of this coveted relationship.

This relationship, and the profession it fostered, served patients well and attracted bright young men and women into a rewarding field of service to their community.

Clearly, now, something has changed.

The private practice of medicine, once the backbone of America's medical care system, has become nearly untenable. Many newly-trained physicians do not have the option of going into private practice because of large educational debt and high practice start-up costs. This is especially true for primary care specialties. In many communities, only older, established practices are feasible and new physicians are rare. In my home county of Gwinnett, the population has nearly doubled during my practice tenure, but the number of full-time practicing neurologists has remained nearly constant. The number of primary care physicians has not kept pace with the population, and the number of general surgeons has actually declined.

How did this happen?

The answer lies in examining how we pay for our medical care. Initially, health insurance was a mechanism for distributing risk, not a means of paying for all health care services. Soon after third

parties began paying for medical care, they began controlling the delivery of medical care.

Medical decisions have become the business of third party payers, causing delays in the delivery of care. Our patients have lost the ability to choose where they receive their care, and physicians are faced with “take-it-or-leave-it” contracts offered by large health plans.

As the impact of third party payers increased, administrative burdens were placed on physicians. When I started practice nearly 15 years ago, my office of four doctors employed one person to submit insurance claims. We are now down to three doctors, but we need three full-time employees to manage insurance issues.

Simultaneously, Medicare and Medicaid rates have not kept pace with the cost of providing care, and in many instances, are below the cost of delivering the care. Private payers have reduced payments dramatically using federal payment levels as guidelines.

We all know the payment system is broken. How should it be fixed?

I believe the way to heal our medical care system is to restore the patient-physician relationship by ensuring that patients have the right to privately contract with the physician of their choice, without

onerous penalties, regardless of the presence of a private or government third party payer. The importance of this point cannot be overstated. Medical decision-making would once again be in the hands of patients and their physicians. This will enhance patient choice, heal the ailing payment system, and once again restore the best medical care system in the world.

We hear a lot about the high COST of medical care. Please consider the difference between medical care COSTS versus medical care EXPENDITURES. While the COST of many specific procedures and therapies is actually lower today than in years past, we now EXPEND more for care because more patients have access to more tests and therapies that simply were not available in years past.

We can significantly reduce health care expenditures by enacting proven, effective medical liability reform measures that will eliminate the need for so-called “defensive medicine.”

As an early adopter of electronic health records, I will caution you to not overestimate the savings from advances in health information technology. We must continue to guarantee patient privacy and ensure that medical records are kept confidential.

However, as reforms move forward, we can only preserve medicine as a profession by ensuring the right of physicians and patients to privately contract for medical care.

I appreciate this opportunity to present the views of practicing physicians to you today and am happy to answer any questions you may have.